

NOAA FORM 77-65 (REV 3-84)		U.S DEPARTMENT OF COMMERCE NOAA		1. ORIGINATING OFFICE _____		2. DATE _____	
REQUEST FOR THE SHIP TIME (FY _____)							
3. PROJECT/CRUISE TITLE _____				4. ORIGINAL REQUEST CHANGE NUMBER _____ <i>(If update complete item 5)</i>		5. DATE OF ORIGINAL REQUEST _____	
6. SHIP PREFERENCES <i>(In Order of Preference)</i> _____				7. PROGRAM MANAGER <i>(Name, Routing Code, Telephone)</i> _____			
8. CHIEF SCIENTIST <i>(Name, Routing Code, Telephone)</i> _____				9. ADDITIONAL CONTACTS _____			
10. PROJECT/CRUISE OBJECTIVE AND DESCRIPTION POSSIBLE FOREIGN RESEARCH OR PORT CLEARANCES:							
11. PROJECT AREA <i>(Include Chartlet)</i> _____				12. SEATIME REQUIRED <i>(Including Transit Time)</i> IN DAYS: DESIRED _____ MINIMUM ACCEPTABLE _____			
13. CRUISE PERIOD <i>(Months)</i> _____				14. THIS PROJECT WILL BE PRIMARY _____ PIGGYBACK _____			
15a. NOAA PROGRAM PERSONNEL SHIP'S COMPANY ONLY							
	MAX/MIN	OFFICE	BERTHING REQUIRED				
SCIENTISITS							
TECHINICANS							
TOTAL							
15b. NON-NOAA PARTICIPANTS AND THEIR AFFLIATION							
PERSONNEL <i>(Names)</i>				AFFLIATIONS			
15c. NON-NOAA BERTHS REQUIRED: _____				15d. TOTAL BERTHS REQUIRED: _____			
16. SUGGESTED PIGGYBACK PROJECTS AND TIME REQUIREMENTS <i>(or Restrictions)</i> WHICH CAN BE ACCOMMODATED							
17. SHIP CAPABILITIES REQUIREMENTS							
ENDURANCE <i>(Days)</i> _____		LAB SPACE <i>(Sq. feet)</i> _____		WET _____		DRY _____	
MINIMUM POSITION ACCURACY REQUIRED \pm _____				ON STATION TIME: _____		Speed <i>(Knots)</i> : _____	
18. SHIP CAPABILITIES REQUIREMENTS							
ELECTRONICS		OCEANOGRAPHIC			GEAR HANDLING		
SHIP SUPPORT REQUIRED: Yes No		SHIP SUPPORT REQUIRED: Yes No			SHIP SUPPORT REQUIRED: Yes No		
19. ON BOARD PROCESSING REQUIREMENTS: _____				OUTPUT REQUIRED MAG. TAPE PAPER TAPE PRINTOUT ANALOG OTHER <i>(Specify)</i> _____			
20. PROGRAM FURNISHED EQUIPMENT							
ITEM	DESCRIPTION	WT. (lbs.)	POWER REQD.	SPACE REQUIRED	LOCATION PREFERENCE		
1							
2							
3							
4							
21. STAGING TIME REQUIRED <i>(Days/Location)</i> : _____				DESTAGING TIME REQUIRED <i>(Days/Location)</i> : _____			
22. APPROVED _____		DATE _____	TITLE _____	<i>Remarks Continue On Reverse</i>			